

6

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			10 11-21-00
FORMALITY REVIEW	lit	907 109	12/18/00 04/17/01

RESPONSE F-R

lit

INDEX OF CLAIMS

- |   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| = | ..... Allowed                   | I | ..... Interference |
| - | (Through numeral)..... Canceled | A | ..... Appeal       |
| + | ..... Restricted                | O | ..... Objected     |

Claim	Date
Final	Original
1	✓
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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